

stomach and intestines free from any deposit; kidneys somewhat enlarged and indurated. The chief point of interest, however, was a complete absence of the uterus and ovaries. The vagina was normal, both as regards length and capacity, terminating above in a cul-de-sac. The clitoris was well developed, together with the labia and mons veneris. The breasts were large and plump, the whole external aspect attested the attributes of a well-formed woman.

Fibro-cystic Disease of the Ovary, with Post-mortem Examination.
By S. L. BLATCHLY, M. D., of Sparta, Washington County, Pa.

In the early part of April, 1866, I was called to see Mrs. M., in consultation with my friend, Dr. Strause. She reported some enlargement in the left iliac region, which had existed for about two years.

On examination we decided the case to be one of ovarian enlargement, from three to four inches in diameter. Nothing special occurred in the case, except a gradual enlargement, for some three years, when I was hastily summoned to see the patient again, and found her in the most extreme agony. She said the tumour had broken, and she could feel the water moving in her bowels whenever she turned, and could not feel the tumour any more. Very great pain, tenderness, tension, and distension now existed, which precluded deep pressure on digital examination. Treated the case, for the time, as one of peritoneal inflammation. In five or six days the patient had much improved, and now with some difficulty I could discover the tumour, much smaller than before, and somewhat flaccid. Soon the tumour began to enlarge, and nineteen days after the first rupture a second took place, with a recurrence of all the unpleasant symptoms as detailed before. I again treated her as before, with like good effects.

She now had a short respite from her extreme suffering, of three to four weeks, after which the cyst again gradually filled, inasmuch as to require paracentesis that some relief might be obtained, which was performed in the line of the linea alba, and six quarts of fluid removed, giving temporary ease. The cyst rapidly filled again, and the trocar introduced at the same point as before, but this time failed to enter the cyst, and the instrument giving the impression of passing into a fibrous body. Still hoping to relieve her sufferings, I again inserted my trocar into the left iliac region and drew off five quarts of fluid. The right side not lessening in proportion, after a few days I introduced the trocar into the right iliac region and removed about eight quarts more of fluid. During all this time there was evidence of more or less irritation and probable inflammation.

She gradually sank, and died in a few days.

Post-mortem nine hours after death.—In presence of Drs. Strause, Cary, and Sharp. The tumour was of fibrous character with numerous cysts of various sizes, containing dark bloody serum. On breaking up the adhesions between the tumour and the peritoneum, the tumour, intestines, spleen, pancreas, portion of liver, and stomach, were found agglutinated in one general mass.

On removing the tumour as best I could, and tracing it to its origin, it was found to have originated in the left ovary and Fallopian tube. The ovary was broken down in its central portion, and contained bloody pus. The fundus of the uterus was somewhat enlarged, and contained in its structure two fibrous tumours, $1\frac{1}{4}$ and $\frac{1}{2}$ inch in diameter.

At the entrance of the left Fallopian tube there was a small sac of black

grumous matter, and midway in the uterine canal there was complete stricture; right ovary somewhat diseased, omentum almost entirely absorbed, and the vessels of the abdominal viscera completely obliterated; liver studded over with small hard bodies of bony consistence; gall-bladder largely distended; spleen and pancreas healthy, but completely adherent to the diseased structure; kidneys normal; bladder somewhat constricted; small and large intestines so completely imbedded in the tumour I could not separate them; lungs sound. The extensive adhesions in the case were, no doubt, the result of the spontaneous rupturing of the cyst, thereby causing more or less inflammation, which resulted in the remarkable and extensive adhesions. The post-mortem developments in this case, together with the phenomena following the spontaneous rupturing of the cyst, would seem to contraindicate any operation for the successful removal of the tumour, after such rupturing had taken place, inasmuch as the inflammation consequent on the operation, as also on the rupturing of the cyst, would compromise the life of the subject.

DOMESTIC SUMMARY.

Bromide of Potassium in Saccharine Diabetes.—The No. of the *American Practitioner* for January last contains an interesting paper on this subject by Prof. AUSTIN FLINT, of New York. He relates three cases treated by the bromide in doses of 15 to 20 grains, three times a day, combined with ordinary diabetic diet. In each there was a rapid diminution of thirst, a decrease in the specific gravity of the urine, and an improvement in the general health.

In one of the cases there was a remarkably rapid and great improvement, but, Dr. F. remarks, "it is by no means as yet certain that the improvement is not chiefly or entirely due to the dietetic management. The case affords a striking example of the tolerance of an anti-diabetic diet. The patient, in addition to all kinds of meat, inclusive of fish, oysters, and eggs, is allowed celery, lettuce, onions, cauliflower, tomatoes, and sour apples. The last-named article, eaten raw and roasted, he finds a very good substitute for potatoes. He takes tea and coffee with cream. He eats butter freely. A small quantity of toasted bread is allowed. Camplin's bran-bread he found unpalatable. With this bill of fare he is thus far perfectly satisfied to give up sugar, and, with the exception of a little bread, all articles abounding in starch. A little sherry or claret wine is not interdicted."

Dr. F. states that his "object in giving an account of these cases is not to claim in behalf of the bromide of potassium a special curative agency in saccharine diabetes; but to suggest to physicians to make trial of this remedy, in order to determine whether it be not entitled to be classed with other remedies which are sometimes useful. In the first of the three cases its usefulness was apparently clearly manifested."

Bromide of Potassium in Sick-headache.—Dr. L. P. YANDELL recommends (*American Practitioner*, February, 1870) the bromide of potassium as a cure for sick-headache, and states he had been subject for more than half a century to that affection, when at the suggestion of a medical friend he took half a drachm of bromide of potassium with the happiest effect. He has since resorted to the same remedy on various occasions with equal benefit.

Dr. J. S. DAVIS, of Iuka, Mississippi, states (*American Practitioner*, June, 1870) that he has fully verified the value of the bromide in such cases, and has never found anything comparable to it. He adds: "My wife has been subject to and sorely afflicted with sick-headache for more than twenty-five years, which